



TOWN OF KITTERY
OFFICE OF THE TOWN CLERK
200 ROGERS ROAD, KITTERY, MAINE 03904
PHONE: (207) 475-1328
FAX: (207) 439-6806

DATE SUBMITTED	
MAP & LOT	
HEARING DATE	

Sewer Main Extension Assessment Hearing Request

I hereby request a Hearing on the Sewer Main Extension Assessment for my property as I contest: *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> UNIT CATEGORY | <input type="checkbox"/> FRONTAGE DIMENSION | <input type="checkbox"/> TOTAL ASSESSMENT AMOUNT |
| <input type="checkbox"/> UNIT CHARGE | <input type="checkbox"/> AREA DIMENSION | <input type="checkbox"/> OTHER <i>(Explain below)</i> |

I was provided and have reviewed Town Code Title 13 and Maine statutes pertinent to this request; and, the August 15, 2016, Town-adopted Assessment Plan. My request is based on the following:

TITLE		CHAPTER		SECTION						PAGE	
TITLE		CHAPTER		SECTION						PAGE	
TITLE		CHAPTER		SECTION						PAGE	
TITLE		CHAPTER		SECTION						PAGE	

**IN ORDER FOR A REQUEST TO BE DETERMINED COMPLETE AND SCHEDULED FOR A HEARING
APPLICATION FORMS MUST BE COMPLETE and 10 SETS OF DOCUMENTATION PROVIDED**

PROPERTY INFORMATION (as shown in the adopted Plan)

ADDRESS					
MAP		LOT #		LOT SIZE (sq. ft.)	
STREET FRONTAGE			TOWN TAX RECORD ACCOUNT #:	<i>(ATTACH COPY)</i>	

PROPERTY OWNER: I have right, title or interest in the affected property, or issue, as shown by:

NAME(S)					
MAILING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE No.			e-MAIL:		

NOTE: You may have an attorney represent you, but such representation is not necessary. You may also be represented by a designated agent (e.g. family member, neighbor, engineer, contractor) as you so desire.

APPLICANT (if different) I am an agent of the applicant with standing, OR, I am an aggrieved party in the subject property, or issue, as shown by:

NAME(S)					
MAILING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE No.			e-MAIL:		

To the best of my knowledge, all information submitted on and with this application is true and correct.

Date: _____

By: _____
(Signature)

(Print Name)

STATEMENTS:

I request this hearing because I have a problem in regard to a matter of Town Code Title 13, Public Services and the adopted Assessment Plan: (Section, Title, Page No.) _____

The Assessment Plan data/decision I object to is [Include formal documents related to the matter]:

I object to the Assessment for the following reason(s):

Unlike others in the community, I will suffer a particularized injury in this matter if not resolved in my favor. I am adversely and directly affected by:

What relief is requested and why should the request be granted?

Additional Information

1. Please complete this application in its entirety. You may add other information as may be needed to adequately describe the purpose of seeking relief.

[Support with citations(s), of pertinent ordinance(s), deeds, maps, documents, etc. Describe in detail what decision you are appealing; the date on which the decision was made; and, by whom, the facts surrounding this appeal, what you think is wrong about the decision which you are appealing, and what action you want the Council to take in this matter. Also, please indicate how that Council's decision will affect you and/or your property. Use extra sheets if necessary and attach them to this application.]

2. A detailed plot plan or diagram must be provided showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic features (wetlands, streams, etc.) of the lot in question. This plot plan should show the detail of any rights-of-way, easements, or other encumbrances. A copy of the Town Property Tax Record must be provided.

3. Blueprints, surveys, photos and other documents may be helpful in explaining your request and should be included.